

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046422 (9)

1. Corporation Name
CLC, INC.



Principal Place of Business: 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256
Mailing Address: 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report: 02/22/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number: 59-3261535	Applied For: Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>			7. Additional Fee Required: \$8.75		
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			7. Additional Fee Required: \$5.00 May Be Added to Fees			6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>			5. Certificate of Status Desired: <input type="checkbox"/>		

9. Name and Address of Current Registered Agent

COGGIN, LUTHER W
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COGGIN, LUTHER W STREET ADDRESS: 7400 BAYMEADOWS WAY, STE. 200 CITY-STATE-ZIP: JACKSONVILLE FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DVS	NAME: COGGIN, BLANCHE B STREET ADDRESS: 7400 BAYMEADOWS WAY, STE. 200 CITY-STATE-ZIP: JACKSONVILLE FL 32256	2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP	NAME: TOMM, C. B. STREET ADDRESS: 7400 BAYMEADOW WAY, STE., 200 CITY-STATE-ZIP: JACKSONVILLE FL	3.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: GALLAGHER, WILMA S STREET ADDRESS: % 7400 BAYMEADOWS WAY, STE. 200 CITY-STATE-ZIP: JACKSONVILLE FL 32256	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.2 NAME: Nancy D Noble	
TITLE: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: 7400 Baymeadows Way, Suite 200	
TITLE: <input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP: Jacksonville FL 32256	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.2 NAME: Linda Morloff	
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: 7400 Baymeadows Way, Suite 200	
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-STATE-ZIP: Jacksonville FL 32256	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilma S Gallagher Sec. 1-17-96 904-780-2464
WILMA S GALLAGHER Sec. DATE: DAY: TIME: PHONE #

CR2E034 (12/95)